

DOCKET NO. CM04812H

**MOTOROLA**
FAX TRANSMITTAL SHEET

Motorola, Inc.
Intellectual Property Section
Law Department
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Law Department
Schaumburg, IL 60196

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Telephone: 847.576.6733Facsimile: 847.576.0721**29**

Number of Pages (including this page)

Date: January 4, 2004
To: Longbit Chai - 2131
Location: United States Patent and Trademark Office
Fax No.: (703) 872-9306
From: Valerie M. Davis - Registration No. 50,203
Subject: 09/785,722- Sowa, et al. Confirmation No.:

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MESSAGE:

Enclosed herewith, please find AMENDMENT for filing in the below-identified application.

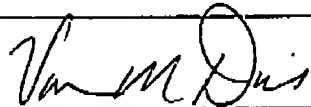
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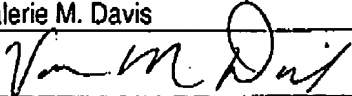
EXAMINER:
GROUP ART UNIT:
SERIAL NO.:
FILED:
INVENTOR:

Longbit Chai
2131
09/785,722
FEBRUARY 16, 2001
SOWA, ET AL.

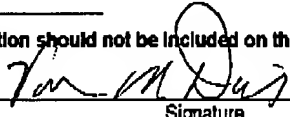
TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/785,722	
	Filing Date	February 16, 2001	
	First Named Inventor	Sowa, et al.	
	Group Art Unit	2131	
	Examiner Name	Longbit Chai	
Total Number of Pages in this Submission	28	Attorney Docket Number	CM04812H

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual		Registration No.	50,203
Signature			
Date	January 4, 2005		

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on the date listed below:			
Typed or printed name	Valerie M. Davis		
Signature		Date	January 4, 2005

FEE TRANSMITTAL		Complete if Known																																																																																																																																																											
Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/785,722																																																																																																																																																										
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<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <u>502117</u> Deposit Account Name: <u>Motorola, Inc.</u> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late Provisional filing</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr> <tr><td>1251</td><td>120</td><td>2251</td><td>60</td><td>Extension for reply within first month</td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td>Extension for reply within second month</td></tr> <tr><td>1253</td><td>1020</td><td>2253</td><td>510</td><td>Extension for reply within third month</td></tr> <tr><td>1254</td><td>1590</td><td>2254</td><td>795</td><td>Extension for reply within fourth month</td></tr> <tr><td>1255</td><td>2160</td><td>2255</td><td>1080</td><td>Extension for reply within fifth month</td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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Name (Print/Type)	Valerie M. Davis	Registration No.	50,203																																																																																																																																																										
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: CM04812H	
In re Application of	Sowa, et al.		
Application Number	09/785,722	Filed	February 16, 2001
For	METHOD AND APPARATUS FOR PROVIDING AUTHENTICATION IN A COMMUNICATION SYSTEM		
Group Art Unit	2131	Examiner	Longbit Chai
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.			
The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):			
<input type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 120.00	
<input checked="" type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 450.00	
<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 1020.00	
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1590.00	
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 2160.00	
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 502117. The Deposit Account Name is Motorola, Inc.. A fee transmittal is attached in duplicate.		
<input type="checkbox"/>	I have enclosed a duplicate copy of this sheet.		
I am the:			
<input type="checkbox"/>	Applicant/Inventor		
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input checked="" type="checkbox"/>	Attorney or agent of record (Registration No.: 50,203)		
<input type="checkbox"/>	Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) _____		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
January 4, 2005			
Date		Signature	
847.576.6733		Valerie M. Davis	
Telephone Number		Type or printed name	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	Total of 1 form(s) are submitted		

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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